

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107528551**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	↑		1			
2		✓		✓		
3		✓		✓		
4		✓		✓		
5		✓		✓		
6		✓		✓		
7		✓		✓		
8		✓		✓		
9		✓		✓		
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13		✓		✓		
14		✓		✓		
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24		✓		✓		
25		✓		✓		
26		✓		✓		
27		✓		✓		
28	✓		✓			
29	✓		✓			
30	✓	✓	✓	✓		
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	40	←	37	←		←
TOTAL CLAIMS	44		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						